

# ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF 3


**IMPORTANT: Mark all packages and papers with contract and/or order numbers.**

1. DATE OF ORDER 07/21/2004		2. CONTRACT NO. (If any)		6. SHIP TO: Raymond A. Pagliarini	
3. ORDER NO. DTMA1F04074		4. REQUISITION/REFERENCE NO. PR300040127		a. NAME OF CONSIGNEE DOT/Maritime Administration, MAR-360	
5. ISSUING OFFICE (Address correspondence to)  DOT/Maritime Administration, MAR-380 400 Seventh Street, SW., Room 7310  Washington DC 20590				b. STREET ADDRESS 400 Seventh Street, SW., Room 8101	
				c. CITY Washington	d. STATE DC
				e. ZIP CODE 20590	
7. TO: a. NAME OF CONTRACTOR Joan Crane				f. SHIP VIA	
b. COMPANY NAME National Institute of Transition Planning Inc.				8. TYPE OF ORDER	
c. STREET ADDRESS 51 Monore Street, Suite 1900				<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR:  Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
d. CITY Rockville,		e. STATE MD	f. ZIP CODE 20850	<input type="checkbox"/> b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
9. ACCOUNTING AND APPROPRIATION DATA - - 4750 - 1 - 04 - 010 - - GAL086 - 136000 - - 256C - - - - -				10. REQUISITIONING OFFICE DOT/Maritime Administration, MAR-360	

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input checked="" type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED							
12. F.O.B. POINT Destination		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)  08/16/2004		16. DISCOUNT TERMS  10 days % 20 days % 30 days % days %	
13. PLACE OF a. INSPECTION    b. ACCEPTANCE							

## 17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)		QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	SEE LINE ITEM DETAIL						
SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.				17(h) TOT. (Cont. pages)
	21. MAIL INVOICE TO: John G. Hoban						
	a. NAME DOT/Maritime Administration, MAR-330						
	b. STREET ADDRESS (or P.O. Box) 400 Seventh Street, SW., Room 7325			\$6,500.00		17(i) GRAND TOTAL	
	c. CITY Washington	d. STATE DC	e. ZIP CODE 20590				

22. UNITED STATES OF AMERICA BY (Signature) 			23. NAME (Typed) Tracey L. Ford TITLE: CONTRACTING/ORDERING OFFICER		
--	--	--	---	--	--

**PAGE NO.** 2 of 3

## RECEIVING REPORT

SHIPMENT	PARTIAL		DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOV'T REP.	DATE
NUMBER	FINAL				
TOTAL CONTAINERS	GROSS WEIGHT		RECEIVED AT	TITLE	

[illegible]

**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

PAGE NO.  
3 of 3

**IMPORTANT: Mark all packages and papers with contract and/or order numbers.**

DATE OF ORDER 07/21/2004	CONTRACT NO.	ORDER NO. DTMA1F04074
-----------------------------	--------------	--------------------------

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	Retirement Planning Seminar  <i>Delivery Date</i> <i>Start Date</i> <i>End Date</i> 08/16/2004      08/16/2004      08/18/2004 Reference Requisition: PR300040127	1.00	SET	4,850.000	4,850.00	
0002	Additional Attendees  <i>Delivery Date</i> <i>Start Date</i> <i>End Date</i> 08/16/2004      08/16/2004      08/18/2004	55.00	EA	30.000	1,650.00	

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i)** ➡ \$6,500.00